

B6F (Official Form 6F) (12/07)

IN RE Copp, William G. & Copp, Mellisa L.

Debtor(s)

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. xxxx xxxx xxxx 9734 Advanced Call Center Technologies, LLC Re: Legal Dept. P.O. Box 8457 Gray, TN 37615	H	Collection Agency for FIA Card Services Original creditor: Bank of America				183.00
ACCOUNT NO. 41-512427 Advanced Diagnostic Imaging Re: Bankruptcy Dept. P.O. Box 1849 Lewiston, ME 04241-1849	W	Medical services provided on 12/8/10				36.00
ACCOUNT NO. 431307299937xxxx Bank of America Re: Bankruptcy Dept. P.O. Box 21846 Greensboro, NC 27420-1846	H	Credit card last used on _____				2,294.00
ACCOUNT NO. 11-CV-11069 Beliveau, Fradette, Doyle, & Gallant Re: Bankruptcy Dept. P.O. Box 3150 Manchester, NH 03105-3150	H	Collection Agency for Granite State Credit Union				32,937.47

4 continuation sheets attached

Subtotal
(Total of this page) \$ 35,450.47

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Copp, William G. & Copp, Mellisa L. Case No. _____
Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. V1632798, V1634902, Benuck & Rainey, Inc. Re: Bankruptcy Dept. 221 Old Concord Tpke Barrington, NH 03825	W	Medical services provided on 12/6/10 - 12/8/10				1,282.61
ACCOUNT NO. 330695xxxxx Citizens Bank Re: Legal Dept 1 Citizens Drive Riverside, RI 02915	H	Credit card last used on _____				671.00
ACCOUNT NO. 501-8568599-001 Dell Financial Services Re: Legal Dept. P.O. Box 81577 Austin, TX 78708-1577	H	balance due on account				251.60
ACCOUNT NO. 577241086 Diversified Adjustment Service, Inc. Re: Legal Dept. P.O. Box 32145 Fridley, MN 55432-0145	J	balance due on account				528.65
ACCOUNT NO. 861112 Electromedical Associates, Inc. Re: Legal Dept. P.O. Box 473 Amherst, NH 03031-0473	W	Medical services provided on 6/16/2010				33.00
ACCOUNT NO. 43187 Electromedical Associates, Inc. Re: Legal Dept. P.O. Box 473 Amherst, NH 03031-0473	W	Medical services provided on 4/15/08				214.00
ACCOUNT NO. 553574 Electromedical Associates, Inc. Re: Legal Dept. P.O. Box 473 Amherst, NH 03031-0473	H	Medical services provided on 3/08				138.00

Sheet no. 1 of 4 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **3,118.86**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Copp, William G. & Copp, Mellisa L.

Case No. _____

Debtor(s) _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. V1632798 Exeter Hospital Re: Bankruptcy Dept. P.O. Box 473 Amherst, NH 03031	W	Medical services provided on 12/6/10				1,097.13
ACCOUNT NO. V1219769 Exeter Hospital, Inc. Re: Bankruptcy Dept. 7 Holand Way, 2nd Floor Exeter, NH 03833	W	Medical services provided on 4/15/08				1,037.56
ACCOUNT NO. 412867138640 FMS Re: Legal Dept. P.O. Box 707601 Tulsa, OK 74170-7601	W	Collection Agency for Macy's				787.90
ACCOUNT NO. 6032203484168348 GE Money Bank / Walmart Re: Bankruptcy Dept. P.O. Box 103104 Roswell, GA 30076	W	Credit card last used _____				485.37
ACCOUNT NO. 10061219-04 Granite State Credit Union Re: Legal Dept. P.O. Box 6420 Manchester, NH 03101	H	Deficiency owed on 2002 Chevy Venture				4,166.64
ACCOUNT NO. _____ Granite State Credit Union Re: Legal Dept. P.O. Box 6420 Manchester, NH 03101	J	deficiency owed on repossession of 2007 Dodge Ran 1500				5,000.00
ACCOUNT NO. 6393050487413xxxx Kohl's Re: Bankruptcy Dept. P.O. Box 3115 Milwaukee, WI 53201	W	Credit card last used on _____				1,029.00

Sheet no. **2** of **4** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **\$ 13,603.60**

Total
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the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) **\$**

IN RE Copp, William G. & Copp, Mellisa L.

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 202905, 234121 Lamprey Health Care, Inc Re: Legal Dept. 205 South Main Street Newmarket, NH 03857-1843	W	Medical services provided on 3/08 - 4/08				37.50
ACCOUNT NO. V1100984 Marcam Associates Re: Bankruptcy Dept. 396 High Street, Suite 2 Somersworth, NH 03878	W	Collection Agency for Exeter Hospital				282.82
ACCOUNT NO. 853802866 Midland Credit Managment Re: Bankruptcy Dept. 8875 Aero Drive, Suite 2000 San Diego, CA 92123	W	Collection Agency for GE Money Bank				693.99
ACCOUNT NO. xxxx xxxx xxxx 5252 NCO Financial Systems, Inc. Re: Bankruptcy Dept. 507 Prudential Road Horsham, PA 19044	W	Collection Agency for Capital One Bank				1,029.27
ACCOUNT NO. 4313-0720-9248-9734 Niederman, Stanzel, & Lindsey Re: Bankruptcy Dept. 55 West Webster Street Manchester, NH 03104	H	Collection Agency for FIA Card Original creditor: Bank of America, Cavalry Portfolio Services, LLC				2,787.28
ACCOUNT NO. 199699 Northeast Dermatology Associates Re: Legal Dept. 3 Dundee Park, Suite 202B Andover, MA 01810-3723	W	Medical services provided on 4/08 - 6/08				1,449.00
ACCOUNT NO. 0005710 Phillips Exeter Academy Re: Legal Dept. 20 Main Street Exeter, NH 03833	J	balance due on acocunt				4,589.52

Sheet no. 3 of 4 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **10,869.38**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Copp, William G. & Copp, Mellisa L.

Case No.

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. P53300888, 7198217433, P5 Quest Diagnostics Re: Bankruptcy P.O. Box 7306 Hollister, MO 65673-7306	W	Medical services provided on 6/10/08 & 5/2/11				521.84
ACCOUNT NO. 3306957536-T Richard J. Boudreau & Asscoaites, LLC Re: Legal Dept. 6 Manor Parkway Salem, NH 03079	J	Collection Agency for Citizens Bank				500.00
ACCOUNT NO. Scott Crowther Re: Legal Dept. 3 Adam Court Salem, NH 03079	J	Collection Agent for New England Predators 2011 - 2012 Hockey tuition				1,200.00
ACCOUNT NO. 48054117761 Seacoast Pathology, Inc. Re: Legal Dept. P.O. Box 100519 Atlanta, GA 30384-0519	W	Medical services provided on 12/10 & 4/4/11				66.25
ACCOUNT NO. 747752329 Sprint Re: Bankruptcy Dept. P.O. Box 105243 Atlanta, GA	J	balance due on account				643.66
ACCOUNT NO. 1590N0002073816 Transworld Systems Re: Bankruptcy Dept. P.O. Box 1864 Santa Rosa, CA 95402	H	Collection Agency for Core Physicians Services Medical services provided on 12/98				189.00
ACCOUNT NO. 20189790 UMass Memorial Medical Center Re: Legal Dept. P.O. Box 41309 Nashville, TN 37204	W	Medical services provided on 3/08				38.00

Sheet no. **4** of **4** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **3,158.75**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$ **66,201.06**